

**Adoption Through Collaborative Partnerships (ATCP)
RFP # FAM-11-084**

PROPOSAL SUMMARY COVER SHEET

Virginia Department of Social Services
801 East Main Street - 11th Floor
Richmond, VA 23219

Applicant (Agency) Name:			
Address:			
Applicant Federal ID Number:		Type of Application	<input type="checkbox"/> New <input type="checkbox"/> Renewal
	AGENCY DIRECTOR	PROJECT DIRECTOR	FINANCE OFFICER
Name:			
Address:			
Phone:	Wk: Cell: Fax:	Wk: Cell: Fax:	Wk: Cell: Fax:
Email Address:			
Jurisdictions Served			

Project Budget Summary		
VDSS Funds	10% Match <input type="checkbox"/> Cash <input type="checkbox"/> In-kind	TOTAL FUNDS
\$	\$	\$